

Unit Number \_\_\_\_\_

Physk Name \_\_\_\_\_

SS # \_\_\_\_\_

Family Docto \_\_\_\_\_ Other: \_\_\_\_\_

Marital Status M Occupation \_\_\_\_\_ Insurance \_\_\_\_\_

Twins

Father of Baby NAME \_\_\_\_\_ Health and Occupation Self-employed History By \_\_\_\_\_

OBSTETRICAL HISTORY				MOTHER			INFANT			
NO.	DELIVERY			DURATION		COMPLICATIONS ANTE, INTRA, AND/OR POST PARTUM	AT BIRTH			PRESENT CONDITION
	MO/YR	PLACE	TYPE	PREG	LABOR		SEX	WEIGHT	CONDITION	
①	11/08					present Chemical SAIS				
②						present				

Gravida 2 Para: Mature 0 Premature 0 Abortions: Spon. 1 Ind. 0 Stillborn 0 Now alive 0

MENSTRUAL HISTORY: Menarche at age 13 Interval 28 Duration 7 d Contraceptive Hx. in last year NO On OCP at Conception  Yes  No

Positive PREG. Test  Urine Serum 8/11/08 P.M.P. NI. Abn. NI. Abn. 7/8/08 L.M.P. 4/14/09

SYMPTOMS since LMP: nausea, breast tenderness, abd. pain, HA

EXPOSURE to Radiation, Anesthesia, Drugs since LMP: NO

**MEDICAL RISK FACTORS**

	ACTIVE	HISTORY	FAMILY	NONE	
RENAL				<input checked="" type="checkbox"/>	Cystitis
				<input checked="" type="checkbox"/>	Pyelonephritis
HYPERTEN.		<input checked="" type="checkbox"/>			Chronic <u>MGF?</u>
			<input checked="" type="checkbox"/>		Labile
ENDO.				<input checked="" type="checkbox"/>	Thyroid
				<input checked="" type="checkbox"/>	Adrenal
GENETIC				<input checked="" type="checkbox"/>	Sickle Cell / Beta Thalassemia
	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	Chromosome Abn. (eg. Downs)
		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Tay Sachs <u>pt + husband are carriers</u>
				<input checked="" type="checkbox"/>	Neural Tube Defects
PULMONARY				<input checked="" type="checkbox"/>	Other Heritable Disorders
	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	Asthma <u>asthma, severe, dx'd</u>
		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Allergy <u>seasonal, pt + MO</u>
				<input checked="" type="checkbox"/>	Tuberculosis
C.V.				<input checked="" type="checkbox"/>	Exposure to TB <u>MGF?</u>
				<input checked="" type="checkbox"/>	Varicose Veins
				<input checked="" type="checkbox"/>	Thromboembolic Disease
CNS				<input checked="" type="checkbox"/>	Heart Disease / MVP <u>MGF</u>
				<input checked="" type="checkbox"/>	Psychiatric
				<input checked="" type="checkbox"/>	Stroke <u>MG parents</u>
BLOOD				<input checked="" type="checkbox"/>	Seizure Disorder
				<input checked="" type="checkbox"/>	Mental Retardation
SURG.				<input checked="" type="checkbox"/>	Anemia
				<input checked="" type="checkbox"/>	Transfusion Incompatibility <u>ABO</u> <u>RH</u>
				<input checked="" type="checkbox"/>	Clotting Disorder <u>oval surgery - child</u>
				<input checked="" type="checkbox"/>	Anesthesia Complications
DIAB.			<input checked="" type="checkbox"/>		Cancer <u>MG, MO - colon</u>
				<input checked="" type="checkbox"/>	Chemical <u>? MGF</u>
				<input checked="" type="checkbox"/>	Insulin Dependent
VIRAL INFECT.				<input checked="" type="checkbox"/>	Vasc. Complications
				<input checked="" type="checkbox"/>	Rubella
				<input checked="" type="checkbox"/>	CMV
HABITS				<input checked="" type="checkbox"/>	Toxoplasmosis
				<input checked="" type="checkbox"/>	Hepatitis
				<input checked="" type="checkbox"/>	Herpes
OTHER				<input checked="" type="checkbox"/>	HIV Risk
				<input checked="" type="checkbox"/>	Tobacco
				<input checked="" type="checkbox"/>	Alcohol
OTHER				<input checked="" type="checkbox"/>	Drug Use
				<input checked="" type="checkbox"/>	Domestic Violence
				<input checked="" type="checkbox"/>	Lead exposure <u>childhood</u>

**OBSTETRIC RISK FACTORS**

- +/-
- Prematurity
  - PROM
  - IUGR
  - Bleeding AP: \_\_\_\_\_ Previa \_\_\_\_\_ Abruption \_\_\_\_\_ Other \_\_\_\_\_  
PP: \_\_\_\_\_ Atonic \_\_\_\_\_ Traumatic \_\_\_\_\_
  - Malpresentation
  - Previous C-Section \_\_\_\_\_ Low Trans. \_\_\_\_\_ Classical
  - Incompetent Cervix
  - Pre-eclampsia/PIH
  - Multiple Births Thi: my Pt. \_\_\_\_\_ Fam. \_\_\_\_\_
  - Maternal age \_\_\_\_\_

**GYNECOLOGICAL RISK FACTORS**

- Infertility \_\_\_\_\_ Primary \_\_\_\_\_ Secondary \_\_\_\_\_
- Genital Organ Anomaly \_\_\_\_\_
- Previous Gyn. Surgery \_\_\_\_\_ Abort. \_\_\_\_\_ Cone Biopsy \_\_\_\_\_  
D & C \_\_\_\_\_ Uterine Surg. \_\_\_\_\_
- Abn. Pap Smear Date \_\_\_\_\_
- Sexually Transmitted Diseases \_\_\_\_\_ Herpes \_\_\_\_\_ Gonorrhea \_\_\_\_\_  
HIV \_\_\_\_\_ Syphilis \_\_\_\_\_ Papilloma Virus \_\_\_\_\_
- Other: \_\_\_\_\_

**PHYSICAL EXAM**

Usual Pre-Preg. Weight 125-130 Current Weight 128 Height 5'4" Nutritional Assessment Acceptable X Unacceptable \_\_\_\_\_

NI.	Describe Abnormalities	PELVIC EXAM	NI.	Describe Abnormalities
		Ext. Genit.		
		Vagina		
		Cervix		
		Uterus		
		Adnexa		
		Rectum		
		PELVIC MENSURATION: Diag. Conj. <u>7 1/2</u> cm.		
		Ischial Spines <u>blind</u>		S.S. Notch <u>✓</u>
		Shape Sacrum <u>inclin</u>		Coccyx <u>✓</u>
		Arch <u>590</u>		T.I. Outlet <u>7F</u> cm.
		Estimated Pelvic Capacity: <u>adeq</u>		Signature: _____
				Date: <u>8/26/03</u>

**ASSESSMENT**

MAJOR PROBLEMS:

1. Twins
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

CURRENT MEDICATIONS:

1. none
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Prenatal Health Teaching Topics: Medication List \_\_\_\_\_ Date \_\_\_\_\_ Childbirth Classes  Yes  No

Labor Preferences \_\_\_\_\_ Support Person \_\_\_\_\_

Delivery: Anesthesia Plan \_\_\_\_\_ Consult Needed:  Yes  No

Pediatrician: \_\_\_\_\_ Feeding Method:  Bottle  Breast Circumcision:  Yes  No

Contraception: \_\_\_\_\_ Other: \_\_\_\_\_

**OB Admission & Delivery Record**

Name:
MR#:
Acct. #:
Age:
Attending: _____

**DELIVERY INFORMATION BABY A OR SINGLETON**

**Delivery Date/Time:** 03/08/09 20:44 EDT  
**Type of Delivery:** Primary C-Section  
**Urgency of C/S:** Urgent C/S  
**Type of Uterine Incision:** Low transverse  
**Indication(s) for C/S:** Malpresentation  
**Other C/S Indication:** Both infants footling breech.  
**Position for Delivery:** Left Uterine Displacement  
**Fetal Position:** Left Sacrum  
**Presentation:** Footling breech  
**Rotation:** No Rotation  
**Delivery Complications:**  
**Placenta Delivery Time:** 03/08/09 20:47 EDT  
**Placenta Delivery Type:**  
**Sent to Pathology:** Sent to Pathology  
**Cultures Sent:** Cultures Not Sent  
**Cord Blood Sent For:** Serology, Blood bank

**Place of Delivery:** 3-1400 OR  
**Hospital of Delivery:**  
**ROM Date/Time:** 03/08/09 17:15 EDT  
**Duration ROM Before Delivery:** 3 Hrs 29 Min  
**Amniotic Fluid Color:** Clear Fluid  
**Amniotic Fluid Quantity:** Small amount of fluid  
**Nuchal Cord:** No  
**# of Cord Vessels:** 3

**NICU/SCN ASSESSMENTS & INTERVENTIONS**

**Peds Arrival:** 2 Min Before Birth      **Reason Called:** Prematurity      **Arterial Cord pH:**  
**Heart Rate:** Normal      **Other Reason Called:**      **Venous Cord pH:**  
**Breathing:** Normal      **Other Assessment:**  
**Color:** Cyanotic      **Emergency Meds:** None  
**Suctioned:** Bulb suction      **Laryngoscopy:** No  
**Suctioned From:** Oropharynx      **Meconium:** None  
**Resuscitation:** No      **Surfactant:**  
**Chest Compressions:** No      **Oxygen:** Free flow      **# of Min:** 1      **Admin. by:**  
**Response to Intervention:** Improved  
**Other Comments:** Infant handed to peds crying and cyanotic, HR>100bpm. Warmed, dried and stimulated and given FFD2 for a minute. Infant pinked and remained vigorous and crying. Infant bundled and shown to parents. Dad held briefly, then infant taken to NICU in RA.

**INFANT ASSESSMENT**

<b>Sex:</b> Male		<b>Apgar Score:</b>	<b>1 min</b>	<b>5 min</b>	<b>10 min</b>
<b>Status @ Delivery:</b> Living		Heart Rate:	2	2	
<b>Weight (gms):</b>	lbs. oz.	Resp Effort:	2	2	
<b>Length (cms):</b>	in.	Muscle Tone:	2	2	
<b>Head Circ (cms):</b>	in.	Reflex:	2	2	
<b>Oxygen:</b> Free flow	<b>Baptism:</b> No	Color:	0	1	
<b>Narcan:</b> Not given	<b>BG Done:</b> Yes	<b>Total Score:</b>	<b>8</b>	<b>9</b>	
<b>Temp @ Del:</b> 36.0	<b>BG 1:</b> 71@ 2050	<b>Time of Infant Death:</b>			
<b>Temp @ 1Hr:</b>	<b>BG 2:</b> @	<b>Infant ID #:</b>			
<b>Vitamin K:</b> NotGiven	<b>Void:</b> Yes	<b>Transferred to:</b> Neonatal Intensive Care Unit			
<b>Erythromycin oint:</b> NotGiven	<b>Stool:</b> No				

**BABY PHYSICAL**

<b>HEENT:</b>	Normal	<b>Details:</b>
<b>Palate:</b>	Normal	<b>Details:</b>
<b>Cardiovascular:</b>	Normal	<b>Details:</b>
<b>Respiratory:</b>	Normal	<b>Details:</b>
<b>Abdomen:</b>	Normal	<b>Details:</b>
<b>Genitalia:</b>	Normal	<b>Details:</b>
<b>Anus:</b>	Normal	<b>Details:</b>

**OB Admission & Delivery Record Baby B**

Patient:  
 MR#:  
 Acct. #:  
 Age:  
 Attending:

**DELIVERY INFORMATION BABY B**

Delivery Date/Time: 03/08/09 20:45 EDT  
 Type of Delivery:  
 Urgency of C/S: Urgent C/S  
 Type of Uterine Incision: Low transverse  
 Position for Delivery:  
 Fetal Position:  
 Presentation:  
 Delivery Complications:  
 Placenta Delivery Time: 03/08/09 20:47 EDT  
 Placenta Delivery Type:  
 Sent to Pathology: Placenta Sent  
 Cultures Sent: Cultures Not Sent  
 Cord Blood Sent For: Serology, Blood bank

Place of Delivery: DR/OR  
 Hospital of Delivery:

ROM Date/Time: 03/08/09 20:45 EDT  
 Duration ROM Before Delivery: 0 Hrs 0 Min  
 Amniotic Fluid Color:  
 Amniotic Fluid Quantity:  
 Nuchal Cord: No  
 # of Cord Vessels: 3

**NICU/SCN ASSESSMENTS & INTERVENTIONS**

MD:

RN:

Peds Arrival: 5 Min Before Birth  
 Heart Rate: Normal  
 Breathing: Normal

Reason Called: Prematurity, Unscheduled C/S  
 Other Reason Called:  
 Other Assessment:

Arterial Cord pH:  
 Venous Cord pH:

Baby handed to peds crying, cyanotic. Baby warmed, dried and stimulated. FF O2 provided for central cyanosis at 1 min of life. FFO2 applied again around 5 min of life for recurrent cyanosis. Baby remained vigorous but grunting was noted in DR.

Color: Cyanotic

Emergency Meds:

Suctioned: Bulb suction

Laryngoscopy:

Suctioned From: Orophary

Meconium:

Resuscitation: No

Surfactant:

Chest Compressions:

Oxygen:

# of Min.:

Admin. by:

Response to Intervention:

Other Comments:

**INFANT ASSESSMENT BABY B**

Sex: Male  
 Status @ Delivery: Living  
 Weight (gms): 2825 6 lbs. 4 oz.  
 Length (cms): in.  
 Head Circ (cms): in.  
 Baptism: Not applicable  
 Narcan: Not given  
 Temp @ Del: 37.3  
 Temp @ 1Hr:  
 Vitamin K: Not given  
 Erythromycin oint: Not given

BG Done: Yes  
 BG 1: 58 @

Void: No  
 Stool: No

Apgar Score:	1 min	5min	10 min
Heart Rate:	2	2	
Resp Effort:	2	2	
Muscle Tone:	2	2	
Reflex:	2	2	
Color:	0	0	
<b>Total Score:</b>	<b>8</b>	<b>8</b>	

Infant ID #:

Transferred to: Neonatal Intensive Care Unit

**BABY PHYSICAL BABY B**

HEENT: N Details:  
 Palate: N Details:  
 Cardiovascular: N Details:  
 Respiratory: A Details: Baby with good air entry and clear lung fields bilaterally, but grunting and subcostal retractions noted.  
 Abdomen: N Details:  
 Genitalia: N Details:  
 N